

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2014 JAN -9 AM 9:32

Office Use Only
FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Medicinal Cannabis Superpac

ADDRESS (number and street)

505 14th St.

X (Check if address
is changed)

Suite 900

Oakland

CITY ▲

CA

STATE ▲

94612

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

Federalcannabis@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

Federalcannabis.com

2. DATE

12 / 30 / 2013

3. FEC IDENTIFICATION NUMBER ►

C00534529

4. IS THIS STATEMENT

NEW (N)

OR

X

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Joseph C. Houston

Signature of Treasurer

Joseph C. Houston

Date

12 / 30 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)